

Front cover

Report

Practice before the board exam - **Hospital pharmacy**

1. Student's name: _____

Student's Neptun code: _____

2. Name of the pharmacy: _____

Address of Pharmacy: _____

3. Name of Pharmacist in charge : _____

4. Duration of practice: from _____ to _____

Practice report

- **min. 1-2 TYPED page** (A/4 format) (without front and back cover),
- Times New Roman -12 typeface,
- 1,5 line spacing

Back cover

Date: 202__ . _____

Created by: _____

Signature

Instructor's assessment:

unsatisfactory* satisfactory* excellent*

***underline as appropriate**

Place and date of the evaluation: _____, 202__ . _____

Signature of Pharmacist in charge : _____

Stamp of the pharmacy: